

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: Termination of Parental Rights of _____

DOCKET NUMBER: _____

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Your petitioner(s) represents the following:

1. Petitioner Name _____ Telephone _____
Petitioner Name _____ Telephone _____
Mailing Address _____
Residence Address _____
2. Attorney Name _____ Telephone _____
Mailing Address _____
3. Petitioner(s) relationship to child: Guardian Parent Foster Parent
 Legal Custodian Authorized Agency
4. Child Name _____ Male Female
Date of Birth _____ Place of Birth _____
Residence Address _____
5. Birth father name _____ Date of Birth _____
Mailing address _____
Birth mother name _____ Date of Birth _____
Mailing address _____
6. If either parent is a minor, complete the following information as applicable.
Maternal father _____
Address _____
Maternal mother _____
Address _____
Paternal father _____
Address _____
Paternal mother _____
Address _____
7. The person having custody/guardianship/acting in loco parentis or the organization or authorized agency having legal custody or providing care for the child is:
Name _____
Address _____

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The court has jurisdiction because the child is present in the State or is in the legal custody or legal guardianship of an authorized agency located in the state, and the child, parent or guardian resides in the county.

Your petitioner respectfully represents that there are sufficient grounds for the termination of the parental rights of _____
over _____

pursuant to RSA 170-C:5 due to: (Check those that are applicable.)

Abandonment of the child

Failure to support, educate or care for the child

Failure to correct conditions of neglect or abuse under RSA 169-C

Mental deficiency or mental illness of the parent

Sexual, physical, emotional or mental abuse of the child

Parent is incarcerated for a felony and found, pursuant to RSA 169-C, to have abused and neglected the child.

Parent has been convicted of one or more of the following offenses:

(a) Murder of another child of the parent or of the child's other parent, pursuant to RSA 630:1-a or 630:1-b.

(b) Manslaughter of another child of the parent or of the child's other parent pursuant to RSA 630:2.

(c) Attempt, pursuant to RSA 629:1, solicitation, pursuant to RSA 629:2, or conspiracy, pursuant to RSA 629:3, to commit any of the offenses specified in subparagraphs (a) or (b) above.

(d) A felony assault under RSA 631:1, 631:2, 632-A:2, or 632-A:3 which resulted in serious bodily injury to the child, to another child of the parent, or to the child's other parent.

Specify here your factual allegations in support of your petition.

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If petitioners are foster parents, the following conditions have been met:

- (a) The child has lived in the foster home continuously for 24 months; and
- (b) The foster parents have requested in writing the licensed child-placing agency to legally free the child for adoption, but the agency has not initiated proceedings, and there is reasonable cause to believe the grounds exist.

Your petitioner asks that the parental rights of _____
over _____ be terminated and
that custody or guardianship of _____ be
transferred to _____
of _____.

Date: _____
Petitioner Signature

Date: _____
Petitioner Signature

THE STATE OF NEW HAMPSHIRE

_____ COUNTY DATE _____

Personally appeared the above named petitioner and made oath that the foregoing statements made are true according to the petitioner's best knowledge and belief. Before me,

My Commission Expires _____
Affix Seal Justice of the Peace/Notary Public

To be completed by Division of Children, Youth and Families ONLY.

_____ District Court, Case Number _____

Attorney representing parents _____ Telephone _____
Address _____

DCYF Attorney _____ Telephone _____
Address _____

DCYF Social Worker _____ Telephone _____
Address _____

Child's GAL _____ Telephone _____
Address _____